فعالية برنامج سلوكي جدلي لتحسين التكيف النفسي والاجتماعي لدى عينة من مرضى السمنة

د. فاطمة محمد التلاهين*

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الملخص

هدفت هذه الدراسة إلى التعرف على فاعلية برنامج سلوكي جدلي لتحسين التكيف النفسي والاجتماعي لدى عينة من مرضى السمنة. تكونت العينة من (30) طالبة تعاني من السمنة، تم تقسيمهن إلى مجموعة ضابطة (15) طالبة ومجموعة تجريبية (15) طالبة. استخدمت الدراسة المنهج شبه التجريبي من خلال مقياس التكيف النفسي والاجتماعي، بعد التحقق من صدقه وثباته. أظهرت نتائج الدراسة وجود فروق ذات دلالة إحصائية عند مستوى الدلالة ($\alpha \leq 0.05$) بين متوسط درجات المجموعة التجريبية والمجموعة الضابطة على مقياس التكيف النفسي والاجتماعي قبل وبعد البرنامج، تعزى إلى طريقة التدريس للبرنامج السلوكي الجدلي. وكذلك عدم وجود فروق ذات دلالة إحصائية عند مستوى الدلالة ($\alpha \leq 0.05$) بين متوسط درجات المجموعة التجريبية على مقياس التكيف النفسي والاجتماعي في المقياس التابع.

في ضوء نتائج الدراسة، وُضعت توصيات، منها: ضرورة قيام المدرسة بدورها التربوي في تحسين التكيف النفسي والاجتماعي للطالبات المصابات بالسمنة، وذلك بعقد ندوات وورش عمل توعوية حول مخاطر السمنة على الصعيدين النفسي والاجتماعي، وضرورة تزويد متخذي القرار في وزارة الصحة بنتائج الدراسات التجريبية القائمة على العلاج السلوكي للأمراض، لتبني هذا النوع من العلاج في السياق الصحي.

الكلمات المفتاحية: الإرشاد السلوكي الجدلي، التكيف النفسي والاجتماعي، مرضى السمنة.

* أستاذ مشارك، قسم الإرشاد والصحة النفسية، جامعة العلوم الإسلامية العالمية.

The Effectiveness of a Dialectical Behavioral Program to Improve Psychological and Social Adaptation among a Sample of Obese Patients

Abstract

This study aimed to identify the effectiveness of a dialectical behavioral program to improve psychological and social adaptation among a sample of obese patients. The sample consisted of (30) female students suffering from obesity, who were divided into a control group (15) female students and an experimental group (15) female students. The study used the quasi experimental approach through the psychological and social adaptation scale, after verifying its validity and stability. The results of the study showed statistically significant differences at the significance level ($\alpha \leq 0.05$) between average scores of experimental group and control group on the pre- and post-psychological and social adaptation scale attributed to the teaching method of the dialectical and behavior program. As well as the absence of the statistically significant differences at the significance level ($\alpha \leq 0.05$) between the average scores of the experimental group on the psychological and social adaptation scale in the dependent measurement. In light of the result of the study, recommendations were made, including: the necessity of the school to play its educational role in improving the psychological and social adaptation of female students suffering from obesity by holding seminars and workshops that educates them about the dangers of obesity on the psychological and social level, the necessity of providing decisions-makers in Ministry of Health with the result of the experimental studies based on behavioral therapy for diseases to adopt this type of treatment in health context.

Keywords: Dialectical Behavioral Counseling, Psychological and Social Adaptation, Obese Patients

Introduction:

The condition of Lack of physical activity considered the distinctive feature of this era, as the space for movement in our lives have been limited by the technology expansions, all segments of society especially youth and younger age segments have been engaged in excessively reliant on the use the of technological tools in all fields of life and addiction to a diet based on fast food with trans-fat ingredients. Accordingly, this has contributed to expand the range of diseases individual may be exposed to, so we find a range of psychological diseases as well as mental disease which are major reason of occurring the pathopsychological conditions. Excessive obesity represents a medical condition with increasing prevalence, as indicated by the Global Nutrition Report (2024) issued by (Development Initiatives) Organization that there is a steady increase in the prevalence of excessive obesity over past decade from (12.1%) (591) million people in 2012 to (15.8%) (881) million people in 2022, the number is expected to rise to more than 1.2 billion people by 2030, while the same report for the year 2018 confirmed that the excessive obesity among adults and younger age is one of the nutrition indicators that contradict the global health attitudes.

The psychological and social adaptation is considered permeant condition in which an individual is psychologically, socially, personally and emotionally adapted, whether with himself or with his environment, feels happy with himself and with others, he could be able to self-fulfillment and utilize his potential and capabilities to the fullest extent possible. Investigate a condition of positive interaction, adaptation according his ability to face life's demands so it creates from him a balanced and well-behavior personality, the psychological and social adaptation is a process of fulfilling the individuals' needs which they are driven by their motivations leading to self-satisfaction on themselves and a sense of comfort. The individual considered adapted if he interacts well with others regarding these needs and proficiency

achieves his desires that satisfies both themselves and others (Hawashin, Abu Labda 2018)

The concept of adaptation is considered one of the fundamental concepts in Psychology, being a science focused on studying the individual's ability to adapt to the requirements of his environment and social circumstances. According to (Al-Rifa'i 2010), defined the adaptation as the reactions adopted by the individual to develop the psychological and behavioral aspects either as a conditioned response or to build an experience from the surrounding environment, while (Grigoryeva, 2010) defined the adaptation as the process with behavioral requirements to investigate a balance between the individual's internal needs and the needs related to his surrounding environment, the adaptation is the result of reciprocal interaction process between the individual and his physical and social environment, also the adaptation defined as a group of reactions which the individual amend his psychological structure or behavior to respond to a limited circumferential conditions or new experience (Al-Joied, 2011).

(Linehan Marsha) explained that the Dialectical Behavioral Therapy is a method and approach including techniques and methods from Cognitive Behavioral Therapy and the elements of dialectical philosophy and behavioral, dialectical means a type and shape of logic that recognizes the existence of more than one fact and the collecting of these facts leads to the continuity of change, and the therapist in dialectical and behavioral therapy his goal is to replace the Strict and rigid thinking (White or Black) which leads to conflicts and causes beliefs that prevent the individual from responding in appropriate and innovative way in situations of disputes. The therapist is trained on dialectical behavioral therapy to use a variety of skills including, the conflict resolution by referring to the beliefs, problems solving, and learning thinking patterns that participate in personal relationships. Although

the dialectical behavioral used with people who have attempted suicide from teenagers and used for treating the disruptive behavior and the gluttony. As well as the researcher (Marsha Linehan) developed and updated the Dialectical Behavioral Therapy specifically for treating the women suffered from borderline personality disorder (Abueita & Al-Shamaileh, 2017)

The excessive obesity is considered from the diseases associated with psychological and social dimensions, often the patient of excessive obesity view himself in an inferior way, and his personality is negatively affected by society's view of him as an opposite case to a social standard of body shape, and the culture of prevailing beauty standards. A study by (Rabie, Abo-ElEzz, Salah El-Din, 2010) indicates that the women who suffering from obesity are prone to high levels of anxiety disorder, as well as a study by (Ozkan & Gul, 2016) confirmed that the individuals suffering from obesity have a high level of social anxiety.

Study problem and Its **questions:**

The excessive obesity has been associated with the social and psychological adaptation of individuals, many studies have indicated to its role in causing a defect in individual's ability to adapt either with themselves or with their environment, or associated the obesity with different types of diseases. A study by (Kamel, at el, 2016) indicated that the obesity among mental illness patients came with a percentage of (22.31%), while the Bipolar Disorder Patients with a percentage of (41.38%), and Depression patients with (37.93%) Schizophrenia Patients (10.34%), Anxiety Disorder Patients (6.9%), Substance Abuse Disorder Patients (6.9%). Additionally a study by (Althumiri, at.el, 2021) indicated that one in every four cases of obesity associated with the disease of mood disorder or anxiety. A study by (Agha & Agha,2017) confirmed the existence of two-way relationship between the obesity and depression especially among female. As well as a study by (Abouzed, at el, 2022) indicated that the individuals with excessive obesity are prone to depression with a

percentage of (55%) as well as the individuals with depression are prone to obesity with a percentage of (58%). The percentage of prone to mood disorder before surgery reach to (15-33%) and the anxiety disorders reach to a percentage of (30-24%), the problem of the study crystallized in the main following question:

What is The Effectiveness of a dialectical Behavioral Program to Improve Psychological and Social Adaptation among a Sample of Obese Patients?

The following theories are branches of:

1.There were no statistically significant differences at the significance level ($\alpha \leq 0.05$) between average scores of experimental group and control group on the pre- and post-psychological and social adaptation scale, attributed to the teaching method of the dialectical and behavior program.

2.There were no statistically significant differences at the significance level ($\alpha \leq 0.05$) between the average scores of the experimental group on the psychological and social adaptation scale in the dependent measurement.

The Objectives of the Study:

1.Identifying the effectiveness of a Dialectical Behavioral Program to Improve Psychological and Social Adaptation among a Sample of Obese Patients.

2.Reveal the statistically differences between the average scores of the experimental group and control group on the pre- and post-psychological and social adaptation scale, attributed to the teaching method of the dialectical and behavior program.

3.Reveal the statistically differences between the average scores of the experimental group on the psychological and social adaptation scale in the dependent measurement.

Theoretical Significance:

1.The study acquires its theoretical significance from its subject as it sheds light on the dialectical behavioral program to improve the psychological and social adaptation among a sample of Obese Patients.

2.It may contribute to design a dialectical behavioral program to improve psychological and social adaptation among a sample of Obese Patients.

3.It acquires its significance from the subject of obesity as one of the modern subjects with pathological effects whether psychological and social, the studies still insufficient about the treated of obesity and further research is needed, while this subject has not received sufficient attention from study in the limits of the researcher science.

The Practical Significance:

1.The study acquires its practical significance from the possibility of benefitting workers in Psychological counseling centers and those dealing with obesity patients in recognizing what the obesity patients are suffering from, raising awareness among specialized professionals from Doctors, psychological specialist and drawing their attention to such cases and to providing care and assisting them.

2.As well as it could benefit the researcher in using the program on similar samples in future studies.

3.It may serve the workers in psychological counseling to understand the psychological and social adaptation among obesity patients.

The Procedural Definitions:

Dialectical Counseling Behavioral:

Procedurally defines as: a form of psychological counseling forms to improve the psychological and social adaptation among a sample of obese patients and that's by preparing and applying a set of counseling sessions in light of a group of techniques of dialectical behavioral counseling such as: the Concept of Dialectical, skill of

litigation the negative matters (1), skill of litigation the negative matters (2), psychological adaptation, academic adaptation, social adaptation, the skill of mindfulness -meditation and the effectiveness of interaction with others.

Psychological and Social Adaptation:

The behavioral and social patterns in which the obesity patients acquired as a respond to the Dialectical Counseling Program, which make them feel satisfied, self-acceptance, feel happy and optimistic, enjoy the life, these patterns contribute in achieving a condition of balanced between them and the surrounding environment, measured by the degree to which obese high school female students receive the instrument used in the current study.

Obese Patients:

High School Female students who are suffering from an increasing in the accumulation of subcutaneous fat in the form of a fat layer.

Theoretical framework

Dialectical Behavior Therapy (DBT)

DBT is a therapeutic approach that combines various components of cognitive behavioral therapy, relaxation, self-awareness enhancement, and problem-solving and communication skills. This approach is used to help change negative behavior associated with emotions and thoughts by guiding the individual to use coping strategies and regulating emotions. It also focuses on promoting a balance between self-acceptance and positive change. This approach also focuses on the concept of dialectics, where the patient is encouraged to consider conflicting situations and attempt to find a balance between them. It helps the individual deal differently with their feelings and thoughts by applying skills of exposure to pivotal situations and positive thinking and contributes to maintaining a continuous balance between acceptance and change. This approach relies on a variety of strategies to control

negative emotions and thoughts and promote positive behavior. (Abdullah & Al-Sharkasi, 2019).

Dialectical behavior therapy (DBT) is a therapeutic approach developed by American psychologist Marsha Linehan, based on cognitive behavioral therapy theory. According to Linehan and Wilks, it aims to teach individuals to reduce or modify extreme or intense emotions, reduce negative behaviors associated with emotions, and work to increase confidence in their thoughts, emotions, and behavior. It is based on three basic therapeutic approaches:

- Group therapy using skills training (mindfulness training)
- Individual therapy
- Effective interpersonal skills, frustration tolerance, and emotion regulation.

It is a comprehensive, evidence-based psychotherapy program that uses a cognitive behavioral approach. It works to improve individuals' abilities to regulate their emotions, stay in the moment, improve coping skills, manage relationships effectively, and endure moments of distress (Mahroum & Al-Khawaldeh, 2021).

DBT aims to teach individuals to modify extreme or excessive emotions and reduce negative behaviors resulting from these emotions. It also aims to teach them confidence in their own emotions, thoughts, and behaviors. These two goals are achieved through multiple therapeutic approaches. DBT relies on individual therapy, training in mindfulness skills, interpersonal effectiveness, stress tolerance, and emotional regulation, telephone coaching, and counseling group meetings. It seeks to reduce maladaptive responses while encouraging healthy coping. It encourages the mind to confront emptiness and detachment from self and others, interpersonal skills to combat loneliness, and emotional regulation to address overwhelming feelings and distress tolerance to reduce impulsive and destructive behaviors. DBT also seeks to improve the client's overall quality of life. Other goals and objectives of DBT include increasing confidence, self-esteem, and motivation. (Abu Zaid, 2017)

Basic Elements of Dialectical Behavior Therapy:

1- A social and biological theory of the etiology of mental illness. 2. Treatment principles derived from learning theory, social psychology, and other fields of psychological science, as well as from dialectical philosophy.

3. Diverse treatment methods that address each patient's diverse needs.

4. Several groups of acceptance strategies, change strategies, and dialectical therapy strategies. (Abdullah, Al-Sharkasi, 2019)

Stages of Dialectical Behavior Therapy:

Dialectical Behavior Therapy (DBT) is a hierarchical model comprising four stages:

Stage 1: This is the initiation stage. This stage is called the pledge and commitment stage, in which the patient pledges to adhere to the rules and procedures of the treatment and to actively participate in the program's therapy sessions.

Stage 2: This is the transition stage, in which the therapist defines and identifies the broad outlines, main points, and techniques that will be used with the patient, as well as the definition of the therapeutic program used, its methodology, and its treatment steps.

The third stage is called the building stage, where the patient acquires many skills and applies various methods to alleviate, improve, or reduce the severity of some symptoms. This stage is the foundation and core of dialectical behavioral therapy, working to limit and reduce harmful behaviors and life problems that the patient may experience.

The fourth stage is the stage in which the goal is achieved. It is called the completion stage, and it refers to the completion of understanding and awareness, thus achieving the desired program's effectiveness. (Ahmed, 2020)

Previous studies:

Many studies have dealt with the effectiveness of Dialectical Behavioral Therapy, the results of a study by **Mahboob(2024) showed There is an effectiveness of a therapeutic program based on dialectical behavioral therapy in promoting a positive self-image and reducing symptoms of eating disorders among female university students in the Kingdom of Saudi Arabia, and study by**(Abueita & Al-Shamaileh, 2017) showed the role of Dialectical Behavioral Therapy in reducing the impulsivity and disruptive behavior among 10th grade female students, A study by (Abou Zaid, 2017) which dealt with the mindfulness as a Dialectical Behavioral approach in reducing the impulsivity regulation difficulties among a group of female students with borderline personality disorder and its effect on the symptoms of this disorder. The results revealed the effectiveness of the program in improving the skills of mindfulness and reducing impulsivity regulation difficulties and improving the personality symptoms. A study by (Al- Al Shatrat, Al- Kreimeen & Jrisat 2021) in which showed the effectiveness of cognitive behavioral therapeutic program in improving the social and psychological conformity among a sample of male in middle childhood stage (teenagers) who had physically abused. Furthermore, a study by (Al-Otaibi, 2021) confirmed the effectiveness of dialectical behavioral counseling in reducing the behavior of school bullying among high school male students in Afif Governorate in pre- and post-measurement in the interest of post examination. And there were no differences between averages in both posttest and follow-up measurements, a study by (Al-khateeb, 2020) dealt with a cognitive behavioral counseling program to improve the meaning of life and its effect on the social and psychological conformity among the amputee injured in the Return March in Gaza Strip, where the significant improvement in the level of the meaning of the life and the psychological conformity was found after program was applied on an

experimental group, although the lack of differences in psychological conformity in follow-up examination.

A study by (Abueita & Al-Shamaileh 2017) showed the effectiveness of Dialectical Behavioral Therapy counseling program in reducing the disruptive and impulsive behavior among 10th grade female students. The program included the meditation and mindfulness and the effectiveness of the relationship with others, forgiveness, maintaining the relationship, understanding and recognizing the emotional bond. Among the results of post measurement and follow up measurement indicated that the follow-up measurement showed better outcomes. A study by (Malas & Gomez-Domenech, 2024) examined in the effectiveness of Dialectical Behavioral Therapy at the patients suffering from borderline personality disorder during Covid-19 pandemic, assessing the level of negative effect, depression and anxiety as indicators of health, and the results showed there were no differences in the level of fear from Covid-19 but there was a difference in the indicators of health. As well as the borderline personality disorder patients showed in the long-term therapy a level of negative effect similar to these as the common people, while those in early stages of treatment showed much higher level. However, no improvement has achieved in the level of depression and anxiety in long-term therapy group compared to those who in initial therapy stage.

Commentary on Previous Studies:

All previous studies indicate the effectiveness of dialectical behavioral therapy in treating a variety of psychological and behavioral disorders, particularly among young people and adolescents. Mahboob's (2024) study demonstrated the effectiveness of a DBT-based treatment program in promoting positive self-image and reducing symptoms of eating disorders among female university students in Saudi Arabia. This aligns with the findings of other studies, such as Abueita & Al-

Shamaileh (2017) and Abu Zaid (2017), which confirmed the role of this treatment approach in reducing impulsivity and difficulties in regulating emotions, and improving symptoms associated with borderline personality disorder.

Al-Otaibi's (2021) study also revealed the role of DBT in reducing school bullying behavior. Other studies, such as Al-Shatrat et al. (2021) and Al-Khateeb (2020), focused on other aspects, such as psychological and social adjustment among specific groups, using related or similar cognitive-behavioral programs.

The results of the Malas & Gomez-Domenech (2024) study indicate that the effectiveness of DBT may vary depending on the treatment phase. No significant differences were found in anxiety and depression indicators among patients with borderline personality disorder over the long term, indicating that the timing and duration of the intervention play an important role in treatment outcomes.

Overall, these studies confirm the diversity of DBT applications and its effectiveness in promoting mental health and emotional and social skills, with the need to consider the target group and treatment context to determine its effectiveness and sustainability

Methodology:

The study relied on the quasi-experimental method, as it was suitable for the study's objective which is identifying the effectiveness of dialectical behavioral program, The study population consisted of all female students suffering from obesity, the sample of the study consisted of (30) female students they were selected by using available sampling method, in which the terms of participating available in and they were as follows: (1) female students suffering from obesity (2) those got the lowest grade on the psychological and social adaptation scale (3) the female students who showed awareness of their condition and showed a desire for change. (4) their consent to participate in the counseling program, the, the participants aged between

(15-18) year, they were divided into two groups, the first is experimental group with (15) female students and the second is control group with (15) female students.

Study Tools:

Adaptation Scale:

For the purposes of the study, the researcher has referred to the Theoretical Literature related to the subject of adaptation as a study by (Allawneh & Al-Samadi, 2018) (Abueita & Al-Shamaileh, 2017). A scale has been prepared in its initial form consisted of (40) paragraphs, measured four dimensions which were as follows: psychological adaptation, family adaptation, social adaptation and academic adaptation.

Face Validity:

The initial form of the scale was presented to a group of arbitrators specialized in the field of psychology, psychological and educational counseling consisting of (10) arbitrators, who have arbitrated the study tool in terms of accuracy and appropriateness of the paragraphs, and in terms of linguistic formulation, and the affiliation of the paragraph with the dimension and scale. Changes were conducted on some paragraphs' formulation (1,9,13,14,15,26,3,32) in which the scale in its final form consisted of (40) paragraphs. The validity of the internal construct was verified by calculating the correlation of the paragraph with the dimension and the correlation of the paragraphs with overall scale, among a reconnaissance sample from both within the study community and outside the study sample, their number is (10) female students. The correlation coefficients between the paragraph and the dimension fluctuated between (0.91-0.76), and the correlation coefficients between the paragraph and total score between (0.94-0.76), and all of them were Statistically significance.

The Reliability of the Scale:

The reliability of the scale was verified by using two methods which is test-retest reliability and Cronbach's alpha and that occurred on a reconnaissance sample outside the study consisted of (10) female students as showed in table (1).

Table (1) Reliability Coefficient Using the Test-Retest Method and Cronbach's Alpha for the Adaptation Scale

Dimension	Number of Paragraphs	Reliability Using Test-Retest Method	Reliability Using Cronbach's Alpha Method
Psychological Adaptation	10	0.81	0.86
Family Adaptation	10	0.83	0.87
Social Adaptation	10	0.84	0.86
Academic Adaptation	10	0.85	0.86
Overall Adaptation Scale	40	0.86	0.89

Table No. 1 shows that all correlation coefficients are statistically significant, where the reliability scores using the Test-Retest Method ranged between (0.81-0.85). While the reliability scores using Cronbach's, alpha Method ranged between (0.86-0.87).

Correction of Adaptation Scale:

The Psychological and Social Adaptation Scale used in the current study consists of 40 paragraphs in its final form, and they are required to answer the scale's statements using a five-point Likert scale for positive statements as follows: strongly agree (5 points), agree (4), neutral (3), disagree (2), strongly disagree (1).

Counseling Program Sessions:

The researcher developed the program aimed to improve the psychological and social adaptation level of sample of female students who are suffering from obesity, this counseling program is organized based on scientific basis and depends on techniques and strategies of Dialectical behavior therapy, it includes various activities and exercises. The researcher presented the program to five specialized

professionals in counseling at the World Islamic Sciences University and benefit from their ideas, opinions and suggestions to finalize the program in its final form.

First Session: Introduction, it aims to introduce the counselor and the group members to each other and to agree on the guidelines for the counseling group.

Second Session: Dialectical Concept.

Third Session: The skill of overlooking bad things(1).

Fourth Session: The skill of overlooking bad things (2).

Fifth Session: Psychological Adaptation.

Sixth Session: Academic Adaptation.

Seventh Session: Social Adaptation.

Eighth Session: Mindfulness Skill-Meditation.

Ninth Session: Effectiveness of dealing with others.

Tenth Session: Finish.

Program Validity:

The logical validity of the program has been verified by presenting it to seven arbitrators, who hold a PhD in Psychological counseling from Jordanian Public Universities to determine its suitability of the objectives, the panel of arbitrators considered that the program is appropriate while making some amendments to coordinate the sessions and they have been implemented.

Presentation of Results:

Results related to hypothesis 1:

1.There were no statistically significant differences at the significance level ($\alpha \leq 0.05$) between the average scores of the experimental and control groups on the pre and post of the psychological and social adaption scale, and is attributed to the teaching method of the dialectical behavioral program.

Table (2) Arithmetic Means, Standard Deviations, Standard Error and Average Rate for the Pre- and Post-Performance of the Individuals in the Experimental and Control Groups on the Adaption Scale and its Sub-dimensions

Group	Treatment Method	Adaption Scale	Pre-Scale		Post Scale		Arithmetic Mean Average	Standard Error
			Arithmetic Mean	Standard Deviation	Arithmetic Mean	Standard Deviation		
Experimental	counseling Program	Psychological Adaptation	3.49	0.271	4.15	0.213	4.15	0.047
		Family Adaptation	2.19	0.212	3.97	0.343	3.97	0.076
		Social Adaptation	3.84	0.170	4.32	0.293	4.32	0.065
		Academic Adaptation	3.68	0.237	4.38	0.241	4.38	0.054
		Overall Adaptation Scale	3.30	0.103	4.20	0.152	4.20	0.034
Control		Psychological Adaptation	3.06	0.153	3.07	0.158	3.07	.03545
		Family Adaptation	2.19	0.212	2.2	0.206	2.2	.04615
		Social Adaptation	3.18	0.182	3.19	0.188	3.19	.04224
		Academic Adaptation	3.28	0.248	3.29	0.238	3.29	.05326
		Overall Adaptation Scale	2.92	0.097	2.93	0.093	2.93	.02096

Table (2) shows that there were apparent differences between the average scores of the study samples on the dimensions of the adaption scale in the experimental and control groups, if the arithmetic mean of the experimental group's scores on the overall adaptation in the pre-scale was (3.30), while the arithmetic mean of the control group's score on the overall adaptation in the pre-scale was (2.92). Whereas the arithmetic mean of the experimental group's scores on the overall adaptation in the post-scale was (4.20), and for the control group in the post-scale was (2.93).

To detect the significance of the differences between these means, the Analysis of Covariance (ANCOVA) was used on the post arithmetic mean of the study sample on the overall adaptation, considering the pre-scores as a covariate, as shown in table 3.

Table (3) **Results of ANCOVA for the Study Sample on the Post-Adaption Scale**

Source of Variance	Total Score	Degree of Freedom	Mean Squares	f	Statistical Significance	Eta Squared
Pre-Scale Covariate	0.028	1	0.028	1.039	0.315	0.027
counseling Program	14.851	2	7.462	272.553	0.000	0.936
Error	1.008	27	0.027			
Total	518.895	30				
Total Average	15.859	29				

It is noted from table (3) that the f -value related to the overall adaptation scale was (272.553), and it is statistically significant at the significance level ($\alpha \leq 0.05$), indicating the presence of significant difference between the post-scores of the two groups. Upon reviewing the arithmetic mean, it was found that the differences were in favor of the experimental group, as the post arithmetic means of the experimental group was higher than the control group, the arithmetic mean(average) for the experimental group was (4.2), while it was (2.93) for the control group.

For the dimensions of the effect size of the dialectical behavioral program, Eta Squared was calculated and it was (0.936), indicating that approximately (%93.6) from the variance in the performance of the study sample on the post adaption scale is due to the behavioral program, while the remaining (%6.4) is due to unexplained factors.

A multivariate analysis of covariance (MANCOVA) was also conducted on the post arithmetic means of the study sample on the dimensions of the post adaption scale, considering the pre-scores as a covariate. Table (4) shows the results of this analysis.

Table (4) Results of MANCOVA on the post arithmetic means of the study sample on the dimensions of the adaption scale

Source	Field	Sum of Squares	Degrees of Freedom	Mean Squares	f	Statistical Significance	Eta Squared
Pre-Scale	Psychological Adaptation	.080	1	.080	2.345	0.134	0.060
	Family Adaptation	.540	1	.540	7.963	0.008	0.177
	Social Adaptation	.378	1	.378	7.232	0.011	0.163
	Academic Adaptation	.846	1	.846	23.299	0.000	0.386
Group	Psychological Adaptation	2.448	1	2.448	71.503	0.000	0.659
	Family Adaptation	31.506	1	31.506	464.236	0.000	0.926
	Social Adaptation	1.199	1	1.199	22.953	0.000	0.383
	Academic Adaptation	4.162	1	4.162	114.596	0.000	0.756
Error	Psychological Adaptation	1.267	27	0.034			
	Family Adaptation	2.511	27	0.068			
	Social	1.932	27	0.052			

	Adaptation						
	Academic Adaptation	1.344	27	0.036			
Total	Psychological Adaptation	535.740	30				
	Family Adaptation	414.630	30				
	Social Adaptation	579.080	30				
	Academic Adaptation	602.360	30				
Total Average	Psychological Adaptation	13.011	29				
	Family Adaptation	34.558	29				
	Social Adaptation	15.079	29				
	Academic Adaptation	14.071	29				

Table (4) shows statistically significant differences in all sub-dimensions of the adaptation scales as follows:

Physiological Adaption Dimension:

The f –value (71.503) is statistically significant at the significance level ($\alpha \leq 0.05$). So, there's an increase in the physiological adaption level in favor of the experimental group, as the arithmetic mean (average) of the experimental group was (4.15), while it was (3.07) for the control group. The Partial Eta Squared (0.657), which means that the program explained (%65.7) of the variance in scores between the experimental and control group on the physiological adaption dimension.

Family Adaption Dimension:

The f –value (464.236) is statistically significant at the significance level ($\alpha \leq 0.05$). So, there's an increase in the family adaption level in favor of the experimental group, as the

arithmetic mean (average) of the experimental group was (3.97), while it was (2.2) for the control group. The Partial Eta Squared (0.926), which means that the program explained (%92.6) of the variance in scores between the experimental and control group on the family adaption dimension.

Social Adaption Dimension:

The f –value (22.953) is statistically significant at the significance level ($\alpha \leq 0.05$). So, there's an increase in the social adaption level in favor of the experimental group, as the arithmetic mean (average) of the experimental group was (4.32), while it was (3.19) for the control group. The Partial Eta Squared (0.383), which means that the program explained (%38.3) of the variance in scores between the experimental and control group on the social adaption dimension.

Academic Adaption Dimension:

The f –value (114.596) is statistically significant at the significance level ($\alpha = 0.05$). So there's an increase in the academic adaption level in favor of the experimental group, as the arithmetic mean (average) of the experimental group was (4.38), while it was (3.29) for the control group. The Partial Eta Squared (0.756), which means that the program explained (%75.6) of the variance in scores between the experimental and control group on the academic adaption dimension.

This may be attributed to the role of the Dialectical Behavioral Counseling Program in improving the psychological and social adaptation of the female students, especially since the obesity is a disease where patients, specifically females, face social criticism and comments, that may cause embarrassment, as it increases the body's size to contradict modern beauty standards, making them look at themselves in inferior view resulting in feeling socially unacceptable. Which means that the program contributed to having a positive experience in the physiological field towards themselves that their disease is not an obstacle to their interaction with the environment, whether in school or at home, as well as helping to improve their interaction with the school environment and freeing them from

any negative view from their female colleagues, it has also contributed to increase the confidence in themselves by making mechanisms to deal with the aspects of criticism to which they are subjected, such as making friends and participating in school activities.

The result may be attributed to the effectiveness of the program in developing the emotional aspect of the female students in terms of dealing with negative feelings such as feel guilty, which contributes to reduce emotional eating, especially that obesity may be caused by their food addiction, as well as improving the coping skills such as moment-consciousness, which helps to control decisions about eating, this was accompanied by social stimulation that students received during the implementation of the program and helped them to commit to a new pattern of eating , the program may also developed in students to eliminate negative dietary behaviors and habits such as eating junk food and replacing it with healthy meals.

This result aligned with the study of Abueita and Al-Shamaileh (2017), which addressed the role of behavioral dialectic therapy in reducing the impulsivity and disruptive behavior, the study of Al Shatrat (2021) in improving psychological and social compatibility for physically abused, and the study of Alotaibi(2021) in reducing school bullying behavior.

Table (5) Arithmetic Means, Standard Deviations, Standard Error and Average Rate for the Post-Performance of the Individuals in the Experimental Group in the Post and Follow-up Measurement

Group	Treatment Method	Adaption Scale	Pre-Scale		Post Scale		Arithmetic Mean Average	Standard Error
			Arithmetic Mean	Standard Deviation	Arithmetic Mean	Standard Deviation		
Experimental	counseling Program	Psychological Adaptation	4.15	0.213	4.16	0.211	4.16	0.047
		Family Adaptation	3.97	0.343	3.98	0.333	3.98	0.074
		Social Adaptation	4.32	0.293	4.35	0.294	4.35	0.065
		Academic Adaptation	4.38	0.241	4.37	0.231	4.37	0.051
		Overall Adaptation Scale	4.20	0.152	4.22	0.167	4.22	0.037

Table (5) shows that there were no apparent differences between the average scores of the study sample on the dimensions of the adaption scale in the experimental group in the post and follow-up measurement, if the arithmetic mean of the experimental group's scores on the overall adaptation in the post- measurement was (4.20), and in the follow-up measurement was (4.22).

Discussion of Results:

Discussion related to hypothesis 1:

1.There were no statistically significant differences at the significance level ($\alpha \leq 0.05$) between the average scores of the experimental and control groups on the pre and post of the psychological and social adaption scale, and is attributed to the teaching method of the dialectical behavioral program.

This may be attributed to the role of the Dialectical Behavioral Counseling Program in improving the psychological and social adaptation of the female students, especially since the obesity is a disease where patients, specifically females, face social criticism and comments, that may cause embarrassment, as it increases the body's size to contradict modern beauty standards, making them look at themselves in inferior view resulting in feeling socially unacceptable. Which means that the program contributed to having a positive experience in the physiological field towards themselves that their disease is not an obstacle to their interaction with the environment, whether in school or at home, as well as helping to improve their interaction with the school environment and freeing them from any negative view from their female colleagues, it has also contributed to increase the confidence in themselves by making mechanisms to deal with the aspects of criticism to which they are subjected, such as making friends and participating in school activities.

The result may be attributed to the effectiveness of the program in developing the emotional aspect of the female students in terms of dealing with negative feelings such as feel guilty, which contributes to reduce emotional eating, especially that obesity may be caused by their food addiction, as well as improving the coping skills such as moment-consciousness, which helps to control decisions about eating, this was accompanied by social stimulation that students received during the implementation of the program and helped them to commit to a new pattern of eating , the program may also developed in students to eliminate negative dietary behaviors and habits such as eating junk food and replacing it with healthy meals.

This result aligned with the study of Abueita and Al-Shamaileh (2017), which addressed the role of behavioral dialectic therapy in reducing the impulsivity and disruptive behavior, the study of Al Shatrat (2021) in improving psychological and social compatibility for physically abused, and the study of Alotaibi(2021) in reducing school bullying behavior.

Discussion related to hypothesis 2:

2. There were no statistically significant differences at the significance level ($\alpha \leq 0.05$) between the average scores of the experimental group on the psychological and social adaptation scale in the follow-up scale.

The result may be attributed to the program's focus on long term skills, such as emotional regulation of eating related behaviors, dealing with surrounding environmental pressures, whether family or school, or the view of the community, where it was strengthened throughout the program, as well as the inclusion of these skills as a daily application in the details of students' daily lives contributed to the absence of differences between linguistic and follow up test, also the program may have achieved constant changes in female students' dietary style ,and composition of dietary pattern that supports their psychological and social adaption , the social base for the female students may have positively contributed by providing them with moral support .It also practically contributed to their psychological and social adaption by adopting behaviors that support adaptation opportunities and emotional organizational skills such as avoiding obesity-inducing food, and exercising collective athletic activity .

This result aligned with the study of Alotaibi(2021) in reducing school bullying behavior, and it differed with the study of Alkhateeb (2020) to improve the meaning of life and its impact on the physiological and social adjustment of the wounded and amputees of Return March in Gaza Strip.

Recommendations:

In light of the researcher's findings, she recommends:

1-The necessity for the school to play its educational role in improving the psychological and social adaptation of female students suffering from obesity by holding seminars and workshops that educate them about the dangers of obesity on the psychological and social level.

2-The necessity of emphasizing the importance of dialectical behavioral counseling programs in achieving psychosocial and social adaption through experimental surveying

studies that contribute to reinforce this pattern of treatment based on the development of obesity patients' personal skills.

3-The necessity to involve the family by adopting qualitative roles for parents in the activation and development of psychosocial and social adaption methods within their families in a positive participatory family environment that contributes to the implementation of counseling programs mechanisms.

4-The necessity of providing decision-makers in the Ministry of Health with the results of experimental studies based on behavioral therapy for diseases to adopt this type of treatment in the health context.

5-Working on directing preventive behavioral counseling programs for community groups suffering from diseases caused by incorrect behaviors such as obesity and diabetes through health and medical institutions and centers.

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